

Bank of America

Bank of America
Dupont Circle Banking Center
DC1-821-01-01
3 Dupont Circle N.W.
Washington, DC 20036-1701

Tel 202.624.4370
Fax 202.785.3878

July 12, 2001

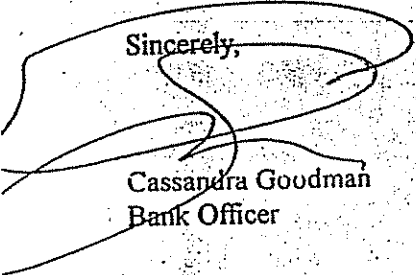
Michael R Kamburowski
11-15 St Nicholas Ave. Apt. 5-H
New York, NY 10026

Dear Mr. Kamburowski:

Our records show that you been a depositor of good standing since February 02, 1995.

We trust that this confidential information, which comes from our direct experience, will be of assistance to you. Please let us know if we may be of service in the future by calling us at (202) 624-4370.

Sincerely,


Cassandra Goodman
Bank Officer

Do Not Write in This Block

Remarks	Action Stamp	Fee Stamp
A#		
Applicant is filing under 274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). Subject to the following conditions: _____ (Date). <input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c) (14) (18) and 8 CFR 214.2(f)		

I am applying for: ☒ Permission to accept employment
☐ Replacement (of lost employment authorization document).
☐ Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle)
KAMBUROWSKI Michael Raphael

2. Other Names Used (Include Maiden Name)

3. Address in the United States (Number and Street) (Apt. Number)
11-15 St. Nicholas Avenue 5H
(Town or City) (State/Country) (ZIP Code)
New York NY 10026

4. Country of Citizenship/Nationality
Australia

5. Place of Birth (Town or City) (State/Province) (Country)
Chelm Chelm Poland

6. Date of Birth (Month/Day/Year) 7. Sex
05-03-71 ☒ Male ☐ Female

8. Marital Status ☒ Married ☐ Single
☐ Widowed ☐ Divorced

9. Social Security Number (Include all Numbers you have ever used)
None

10. Alien Registration Number (A-Number) or I-94 Number (if any)
70324993900

11. Have you ever before applied for employment authorization from INS?
☒ Yes (If yes, complete below) ☐ No
Which INS Office? **Arlington VA** Date(s) **09-1997**
Results (Granted or Denied - attach all documentation)

12. Date of Last Entry into the U.S. (Month/Day/Year)
01-23-95

13. Place of Last Entry into the U.S.
Los Angeles CA

14. Manner of Last Entry (Visitor, Student, etc.)
Visitor

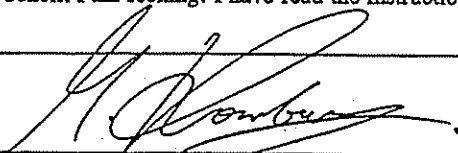
15. Current Immigration Status (Visitor, Student, etc.)
Visitor for Pleasure

16. Go to Part 2 of the instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).
Eligibility under 8 CFR 274a.12
(c) (9) ()

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature



Telephone Number

Date

202-425-4721

5/13/02

Signature of Person Preparing Form if Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name

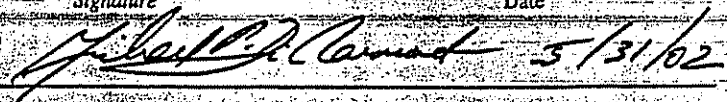
Address

Signature

Date

Michael P DiRaimondo

DiRaimondo & Mast, LLP
401 Broadhollow Road, #302
Melville NY 11747



5/31/02

00001581

Initial Receipt	Resubmitted	Relocated	Completed
		Rec'd Sent	Approved Denied Returned

Departure Number

703249939 00

Immigration and
Naturalization Service

I-94
Departure Record

BZ
JUL 22 1995

14. Family Name

K. A. M. B. U. R. O. H. S. K. I.

15. First (Given) Name

M. I. C. H. A. E. L.

16. Country of Citizenship

A. U. S. T. R. I. A. N.

17. Birth Date (Day/Mo/Yr)

10.5.05.7.1

18. See Other Side

STAPLE HERE

I, MICHAEL P. DIRAIMONDO, AN ATTORNEY
ADMITTED TO PRACTICE IN THE COURTS OF NEW
YORK STATE, DO HEREBY CERTIFY PURSUANT TO
2105 CPLR THAT I HAVE COMPARED THE
COPY WITH THE ORIGINAL AND HAVE FOUND
IT TRUE AND COMPLETE COPY.

NEW YORK

5/3/02 *[Signature]*

000000113

PAUL SHEARMAN ALLEN & ASSOCIATES

ATTORNEYS AT LAW

1329 18th STREET, NW
WASHINGTON, DC 20036
TEL 202.638.2777; FAX 202.638.1677
E-MAIL: DrGreencard@cyberhost.com
URL: <http://cyberhost.com/allen/index.html>

PAUL SHEARMAN ALLEN (DC & NY)
SUSAN AU ALLEN (DC & PENNSYLVANIA)

COPY

HONG KONG OFFICE:
21/F CIRCLE TOWER
28 TANG LUNG STREET
CAUSEWAY BAY, HONG KONG
TEL 2-721.8881; FAX 2-369.8455

January 20, 1998

William Carroll, District Director
Immigration and Naturalization Service
P.O. Box 3018
Arlington, VA 22203

certified mail #Z 013 016 105

RE: I-130, PETITION FOR ALIEN RELATIVE
I-485, APPLICATION FOR PERMANENT RESIDENCE and
I-765, APPLICATION FOR EMPLOYMENT AUTHORIZATION
Petitioner: SWEAT, Terry Lynn
Beneficiary: KAMBUROWSKI, Michael Raphael - born 5/3/71 in Poland
REQUEST OF STATUS

Dear Mr. Carroll:

My office represents Michael Raphael Kamburowski with respect to his immigration matters.

On October 30, 1997 my office submitted an I-130, Petition for Alien Relative, I-485, Application for Permanent Residence and an I-765, Application for Employment Authorization on behalf of my client. Copy of the US Postal Domestic Return Receipt signed by your offices confirming the filing is enclosed for your convenience. To date, we have not received a decision regarding her application.

This application was filed on October 30, 1997 and it is now over one hundred (80) days since the date of filing. The purpose of this letter is to request the status on my client's application.

Thank you for your expeditious action on this matter.

Sincerely,

PAUL SHEARMAN ALLEN & ASSOCIATES

Paul Shearman Allen, J.D.

PSA/it

Encl: copy of my 10/30/97 letter

US postal Domestic Return Receipt

000000114

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: All Immigration Matters	DATE <u>10-30-97</u> FILE No.
-----------------------------------	----------------------------------

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME <u>Terri Lynn Sweat</u>	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) <u>c/o Paul Shearman Allen & Assoc., 1329 18th St., NW, Washington, DC 20036</u>	
NAME <u>KAMBUROWSKI, Michael R.</u>	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) <u>c/o Paul Shearman Allen & Assoc., 1329 18th St., NW, Washington, DC 20036</u>	

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1.	I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia <u>the State of New York, Pennsylvania</u> and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/> 2.	I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/> 3.	I am associated with the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input checked="" type="checkbox"/> 4.	Others (Explain fully.) You are advised that in conformity with Public Law 90-83, 5 USC 500(f), 81 Stat 195, you are required to give notice to the undersigned of all notices or other written communication in this case.

SIGNATURE <input checked="" type="checkbox"/> Paul S. Allen <input type="checkbox"/> Susan Au Allen <input type="checkbox"/> Pauline Schwartz	COMPLETE ADDRESS PAUL SHEARMAN ALLEN & ASSOCIATES 1329 18th Street NW Washington, D.C. 20036
NAME (Type or Print) Paul Shearman Allen	TELEPHONE NUMBER 202-638-2777

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: <u>Paul Shearman Allen & Associates, Attorneys at Law</u> <small>(Name of Attorney or Representative)</small>	
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER: <u>ALL IMMIGRATION MATTERS</u>	
NAME OF PERSON CONSENTING <u>Terri Lynn Sweat</u>	SIGNATURE OF PERSON CONSENTING DATE <u>9/29/97</u>
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)	

Form G-28
(Rev. 10-25-79)N

(OVER)

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

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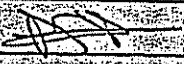
NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE


In re: All Immigration Matters	DATE 10-30-97
	FILE No.

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME Terri Lynn Sweat	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) c/o Paul Shearman Allen & Assoc., 1329 18th St., NW, Washington, DC 20036		
NAME KAMBUROWSKI, Michael R.	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) c/o Paul Shearman Allen & Assoc., 1329 18th St., NW, Washington, DC 20036		

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia <u>the State of New York, Pennsylvania</u> and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/> 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/> 3. I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input checked="" type="checkbox"/> 4. Others (Explain fully.) You are advised that in conformity with Public Law 90-83, USC 500(f), 81 Stat 195, you are required to give notice to the undersigned of all notices or other written communication in this case.
SIGNATURE (x) Paul S. Allen  () Susan Au Allen () Pauline Schwartz
COMPLETE ADDRESS PAUL SHEARMAN ALLEN & ASSOCIATES 1329 18th Street NW Washington, D.C. 20036
NAME (Type or Print) Paul Shearman Allen
TELEPHONE NUMBER 202-638-2777

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: <u>Paul Shearman Allen & Associates, Attorneys at Law</u>	
(Name of Attorney or Representative)	
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER: <u>ALL IMMIGRATION MATTERS</u>	
NAME OF PERSON CONSENTING Michael R. KAMBUROWSKI	SIGNATURE OF PERSON CONSENTING  DATE 9/26/97
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)	

Form O-28
(Rev. 10-25-79)

(OVER)

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

000000116

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY		
<p>Case ID# _____</p> <p>A# _____</p> <p>G-28 or Volag # _____</p> <p>Section of Law: <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> <input type="checkbox"/> 203 (a)(5)</p> <p>AM CON: _____</p> <p>Remarks: _____</p>	<p>Action Stamp</p>	<p>Fee Stamp</p> <p>Petition was filed on: _____ (priority date)</p> <p> <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (a)(2)(A) Resolved <input type="checkbox"/> 204 (h) Resolved </p>

A. Relationship

1. The alien relative is my: ☒ Husband/Wife ☐ Parent ☐ Brother/Sister ☐ Child ☐ Yes ☒ No
2. Are you related by adoption? ☐ Yes ☒ No
3. Did you gain permanent residence through adoption? ☐ Yes ☒ No

B. Information about you

1. Name (Family name in CAPS) (First) (Middle)
KAMBUROWSKI Terry Lynn

2. Address (Number and Street) (Apartment Number)
2001 North Adams St. # 416

(Town or City) (State/Country) (ZIP/Postal Code)
Arlington VA 22201 USA

3. Place of Birth (Town or City) (State/Country)
Hampton Virginia

4. Date of Birth (Mo/Day/Yr) 5. Sex ☐ Male ☒ Female 6. Marital Status ☒ Married ☐ Single ☐ Widowed ☐ Divorced
5-23-71

7. Other Names Used (including maiden name)
SWEAT

8. Date and Place of Present Marriage (if married)
2-8-97 Alexandria, VA

9. Social Security Number 10. Alien Registration Number (if any)
226-23-7903 US citizen

11. Names of Prior Husbands/Wives 12. Date(s) Marriage(s) Ended
None N/A

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle)
KAMBUROWSKI Michael Raphael

2. Address (Number and Street) (Apartment Number)
2001 N. Adams St. # 416

(Town or City) (State/Country) (ZIP/Postal Code)
Arlington Virginia USA 22201

3. Place of Birth (Town or City) (State/Country)
Chelm Poland

4. Date of Birth (Mo/Day/Yr) 5. Sex ☒ Male ☐ Female 6. Marital Status ☒ Married ☐ Single ☐ Widowed ☐ Divorced
05/03/71

7. Other Names Used (including maiden name)
None

8. Date and Place of Present Marriage (if married)
02-08-97 Alexandria, Virginia

9. Social Security Number 10. Alien Registration Number (if any)
None None

11. Names of Prior Husbands/Wives 12. Date(s) Marriage(s) Ended
None N/A

13. If you are a U.S. citizen, complete the following:
My citizenship was acquired through (check one)
☒ Birth in the U.S.
☐ Naturalization (Give number of certificate, date and place it was issued)
N/A
- ☐ Parents
- Have you obtained a certificate of citizenship in your own name?
☐ Yes ☒ No
- If Yes, give number of certificate, date and place it was issued
N/A

- 14a. If you are a lawful permanent resident alien, complete the following:
Date and place of admission for, or adjustment to, lawful permanent residence and class of admission
N/A

- 14b. Did you gain permanent resident status through marriage to a United States citizen or lawful permanent resident? ☐ Yes ☒ No

13. Has your relative ever been in the U.S.? ☒ Yes ☐ No
14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)
Visitor

Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)
703 24993900 01-23-95

Date authorized stay expired, or will expire as shown on Form I-94 or I-95
7/22/95

15. Name and address of present employer (if any)
Americans For Tax Reform, Washington, DC

Date this employment began (Month/Day/Year)
05-95

16. Has your relative ever been under immigration proceedings?
☐ Yes ☒ No
- ☐ Exclusion ☐ Deportation ☐ Reversion ☐ Other Proceedings

INITIAL RECEIPT	RESUBMITTED	RELOCATED	COMPLETED								
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Refused</td> <td style="width: 25%;">Suspended</td> <td style="width: 25%;">Approved</td> <td style="width: 25%;">Denied</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Refused	Suspended	Approved	Denied				
Refused	Suspended	Approved	Denied								

(Continued) Information about your alien relative

husbands/wife and all children of your relative (if your relative is your husband/wife, list only her children).
 (Name) (Relationship) (Date of Birth) (Country of Birth)

17. Address in the United States where your relative intends to live

(Number and Street) (Town or City) (State)
 2001 North Adams Street # 416, Arlington, VA 22201

18. Your relative's address abroad

(Number and Street) (Town or City) (Province) (Country) (Phone Number)
 14 Grange Court Geelong Victoria Australia

19. If your relative's native alphabet is other than Roman letters, write his/her name and address abroad in the native alphabet:

(Name) (Number and Street) (Town or City) (Province) (Country)
 N/A

20. If filing for your husband/wife, give last address at which you both lived together:

(Name)	(Number and Street)	(Town or City)	(Province)	(Country)	From (Month) (Year)	To (Month) (Year)
2001 North Adams St. # 416,		Arlington,	VA	22201	Feb. 1997	Present

21. Check the appropriate box below and give the information required for the box you checked:

☐ Your relative will apply for a visa abroad at the American Consulate in _____ (City) (Country)

☒ Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at Arlington Virginia (City) (State). If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American Consulate in Sydney Australia (City) (Country).

(Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

D. Other Information

1. If separate petitions are also being submitted for other relatives, give names of each and relationship.

None

2. Have you ever filed a petition for this or any other alien before? ☐ Yes ☒ No

If "Yes," give name, place and date of filing, and result.

Warning: The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.

Penalties: You may, by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the Immigration laws and you may be fined up to \$10,000 or imprisoned up to five years or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

Signature John D. Sweet Date 09-22-97 Phone Number 202-785-0266

Signature of Person Preparing Form (If Other than Above)

I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge.

Print Name Paul Shearman Allen (Address) PAUL SHEARMAN ALLEN & ASSOCIATES
1329 18th Street NW
Washington, D.C. 20036

(Signature) [Signature] (Date) 9-22-97

G-28 ID Number WAS 000108

Volag Number

NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and Nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the Immigration laws.

Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.

NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.

1. Name of relative (Family name in CAPS) (First) (Middle)	
KAMBUROWSKI Michael Raphael	
2. Other names used by relative (including maiden name)	
None	
3. Country of relative's birth	4. Date of relative's birth (Month/Day/Year)
Poland	05/03/71
5. Your name (Last name in CAPS) (First) (Middle)	6. Your phone number
KAMBUROWSKI Terry Lynn	202-785-0266

Action Stamp

SECTION DATE PETITION FILED

☐ 201 (b) (spouse)

☐ 201 (b) (child)

☐ 201 (b) (parent)

☐ 203 (a) (1)

☐ 203 (a) (2)

☐ 203 (a) (4)

☐ 203 (a) (5)

☐ STATESIDE

☐ CRITERIA GRANTED

☐ SENT TO CONSUL AT:

CHECKLIST

Have you answered each question?

Have you signed the petition?

Have you enclosed:

- ☒ The filing fee for each petition?
- ☒ Proof of your citizenship or lawful permanent residence?
- ☒ All required supporting documents for each petition?

If you are filing for your husband or wife have you included:

- ☒ Your picture?
- ☒ His or her picture?
- ☒ Your G-325A?
- ☒ His or her G-325A?

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0053
Application to Register Permanent Residence or Adjust Status

START HERE - Please Type or Print

Part 1. Information about you.

Family Name	KAMBUROWSKI	Given Name	Michael	Middle Initial	R.
Address - C/O Paul Shearman Allen & Associates					
Street Number and Name		1329 18th Street NW		Apt. #	
City Washington, D.C.					
State			Zip Code 20036		
Date of Birth (month/day/year)			Country of Birth 05/03/71 Poland		
Social Security # None			A # (if any) None		
Date of Last Arrival (month/day/year)			I-94# 01-23-95 703249939 00		
Current INS Status B-2 expired			Expires on (month/day/year) 7/22/95		

Part 2. Application Type. (check one)

I am applying for adjustment to permanent resident status because:

- a. ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved.
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiance(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiance(e) (attach a copy of the fiance(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- g. ☐ I have continuously resided in the U.S. since before January 1, 1972.
- h. ☐ Other explain _____

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever is later, and: (Check one)

- i. ☐ I am a native citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f), above.

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

Section of Law

- ☐ Sec. 209(b), INA
☐ Sec. 13, Act of 9/11/57
☐ Sec. 245, INA
☐ Sec. 249, INA
☐ Sec. 1 Act of 11/2/66
☐ Sec. 2 Act of 11/2/66
☐ Other _____

Country Chargeable

Eligibility Under Sec. 245

- ☐ Approved Visa Petition
☐ Dependent of Principal Alien
☐ Special Immigrant
☐ Other _____

Preference

Action Block

To Be Completed by
Attorney or Representative, if any
☒ Fill in box if G-28 is attached to represent the applicant

VOI/AG#

ATTY State License

3. Processing Information.

A. City/Town/Village of birth Chelm		Current occupation Public Relations/Policy Analyst	
Your mother's first name Urzula		Your father's first name Zbigniew	
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94) Kamburowski, Michael			
Place of last entry into the U.S. (City/State) Los Angeles, CA		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) Visitor	
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Nonimmigrant Visa Number 373832		Consulate where Visa was issued Melbourne	
Date Visa was issued (month/day/year) 11-18-94	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	
Have you ever before applied for permanent resident status in the U.S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (give date and place of filing and final disposition):			

B. List your present husband/wife, all of your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

Family Name KAMBUROWSKI	Given Name Terry	Middle Initial L	Date of Birth (month/day/year) 05-23-72
Country of birth USA	Relationship Wife	A # None	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place since your 16th birthday. Include any foreign military service in this part. If none, write "none". Include the name of organization, location, dates of membership from and to, and the nature of the organization. If additional space is needed, use separate paper.

None

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to register for permanent residence or adjust status).

1. Have you ever, in or outside the U.S.:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?
 - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U.S.?

☐ Yes ☒ No
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?

☐ Yes ☒ No
3. Have you ever:
 - a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?

☐ Yes ☒ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?

☐ Yes ☒ No
5. Do you intend to engage in the U.S. in:
 - a. espionage?
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means?
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?

☐ Yes ☒ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?

☐ Yes ☒ No
7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?

☐ Yes ☒ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?

☐ Yes ☒ No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?

☐ Yes ☒ No
10. Are you under a final order of civil penalty for violating section 274G of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit?

☐ Yes ☒ No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?

☐ Yes ☒ No
12. Have you ever been a U.S. nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver?

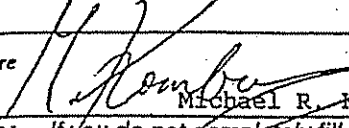
☐ Yes ☒ No
13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?

☐ Yes ☒ No
14. Do you plan to practice polygamy in the U.S.?

☐ Yes ☒ No

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct, authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature	Print Your Name	Date	Daytime Phone Number
	Michael R. KAMBUROWSKI	9-22-97	202-785-0266

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Day time Phone Number
	Paul Shearman Allen	9-22-97	202/638-2777

Firm Name PAUL SHEARMAN ALLEN & ASSOCIATES
and Address 1329 18th Street NW Washington, D.C. 20036


(Family name) KAMBUROWSKI	(First name) Terry	(Middle name) Lynn	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 5-23-71	NATIONALITY American	FILE NUMBER A-US citizen
ALL OTHER NAMES USED (including names by previous marriages) SWEAT			CITY AND COUNTRY OF BIRTH Hampton Virginia			SOCIAL SECURITY NO. (if any) 226 23 7903
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (if known)			CITY AND COUNTRY OF RESIDENCE			
FATHER SWEAT Dennis			Unk Virginia, USA			Woodbridge, VA
MOTHER (Maiden name) STITH Mary Louise			Unk Virginia, USA			Woodbridge, VA
HUSBAND (if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	KAMBUROWSKI	Michael	05/03/71	Chelm Poland	02-08-97	Alexandria Virginia
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
None						
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.						
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
2001 North Adams St. # 416		Arlington	VA 22201	USA	02 97	PRESENT TIME
1612 Ashford Place		Woodbridge	VA	USA	6 84	2 97
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
N/A						
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.						
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION (SPECIFY)	FROM MONTH YEAR	TO MONTH YEAR
American Inns of Court, 127 S. Peyton St. # 201				Program Coordin	10 96	PRESENT TIME
Apache Medical Systems, 1235 Tysons Blvd. # 300				Sales Support	1 96	10 96
Banana Republic, 640 King Street				Manager	10 94	1 96
Harry Weese Associates, 1200 L'Enfant Plaza				Admin. Assist.	5 92	8 94
OC Incorporated, 1600 Jefferson Davis Highway				Admin. Assist.	11 91	5 92
<i>Show below last occupation abroad if not shown above. (Include all information requested above.)</i>						
N/A				N/A		
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):				SIGNATURE OF APPLICANT <i>Terry Lynn Sweat</i> DATE 09-23-97		
Are all copies legible? <input checked="" type="checkbox"/> Yes				IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE		

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
KAMBUROWSKI	Terry	Lynn	US citizen

BIOGRAPHIC INFORMATION

(Family name) KAMBUROWSKI	(First name) Michael	(Middle name) Raphael	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 05/03/71	NATIONALITY Australian	FILE NUMBER A-None
ALL OTHER NAMES USED (Including names by previous marriages) None			CITY AND COUNTRY OF BIRTH Chelm Poland			
FATHER Kamburowski Zbigniew			DATE, CITY AND COUNTRY OF BIRTH (If known) 03-01-48 Poland		CITY AND COUNTRY OF RESIDENCE Geelong, Australia	
MOTHER (Maiden name) Kalabun Urzula			DATE, CITY AND COUNTRY OF BIRTH (If known) 10-21-48 Poland		CITY AND COUNTRY OF RESIDENCE Geelong, Australia	
HUSBAND (If none, so state) OR WIFE SWEAT	FAMILY NAME (For wife, give maiden name)	FIRST NAME Terry Lynn	BIRTHDATE 5-23-71	CITY & COUNTRY OF BIRTH Hampton, Virginia	DATE OF MARRIAGE 02-08-97	PLACE OF MARRIAGE Alexandria Virginia
FORMER HUSBANDS OR WIVES (If none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
None						
APPLICANT'S RESIDENCE LAST FIVE YEARS: LIST PRESENT ADDRESS FIRST.						
STREET AND NUMBER			CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR TO MONTH YEAR
2001 N. Adams St. # 416			Arlington	Virginia	USA	02 97 PRESENT TIME
1300 Rhode Island Ave, N.W.			Wash. D.C.		USA	12 95 02 97
1517 Kingman Place, NW			Wash. D.C.		USA	07 95 12 97
3202 N. Pershing Dr.			Arlington VA		USA	01 95 07 95
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER			CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR TO MONTH YEAR
14 Grange Court			Geelong	Victoria	Australia	12 85 01 95
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.						
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)		FROM MONTH YEAR TO MONTH YEAR	TO MONTH YEAR
Americans for Tax Reform, Washington, D.C.			PR/Policy Analyst		05 95	PRESENT TIME
Show below last occupation abroad if not shown above. (Include all information requested above.)						
Mahlab Group			Marketing		93	94
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):			SIGNATURE OF APPLICANT 		DATE 9/23/97	
Are all copies legible? <input checked="" type="checkbox"/> Yes			IF YOUR NATIVE ALPHABET IS AN OTHER THAN ROMAN LETTERS WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
KAMBUROWSKI Michael Raphael None			
(OTHER AGENCY USE)		INS USE (Office of Origin)	
		OFFICE CODE:	
		TYPE OF CASE:	
		DATE:	
Form G-325A (Rev. 10-1-82)		(2) Rec. Br.	

U.S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, Terry L SWEAT, residing at 2001 N Adams Street, #416
(Name) (Street and Number)Arlington VA 22201 USA
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 5/23/72 at Hampton, Virginia USA
(Date) (City) (Country)

If you are not a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number.
- If a United States citizen through parent(s) or marriage, give citizenship certificate number.
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number none.

2. That I am 25 years of age and have resided in the United States since (date) 5/23/72

3. That this affidavit is executed in behalf of the following person:

Name <u>KAMBUROWSKI Michael R</u>		Sex <u>M</u>	Age <u>26</u>
Citizen of --(Country) <u>Australia</u>		Marital Status <u>Married</u>	Relationship to Deponent <u>Husband</u>
Presently resides at --(Street and Number) <u>2001 N Adams Street #416</u>		(City) <u>Arlington</u>	(State) <u>VA</u>
		(Country) <u>USA</u>	
Name of spouse and children accompanying or following to join person: <u>N/A</u>			
Spouse	Sex	Age	Child
Child	Sex	Age	Child
Child	Sex	Age	Child

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of Program Coordinator with American Inns of Court
(Type of Business) (Name of concern)127 S. Peyton Street #201
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ 24,000

I have on deposit in savings banks in the United States

\$ 1,000

I have other personal property, the reasonable value of which is

\$ 4,000

000000126

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ N/A

\$ 0
\$ 10,000
\$ NA N/A
\$ NA

Which is located at N/A

(Street and Number)

(City)

(State)

(Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
<u>0</u>				

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name

Date submitted

none

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name

Relationship

Date submitted

none

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.) N/A

That I ☐ do intend ☐ do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent

Subscribed and sworn to (affirmed) before me this 29TH day of SEPTEMBER, 19 97

at 1501 DUKE ST. ALEXANDRIA VA 22305. My commission expires on JULY 31, 2000.

Signature of Officer Administering Oath

Title C. S. R

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

Paul Shearman Allen, J.D.
1329 18th Street NW
Washington, D.C. 20036

(Signature) PAUL SHEARMAN ALLEN & ASSOCIATES (Address) 1329 18th Street NW, Washington, D.C. 20036

000000127

U.S. Department of Justice
Immigration and Naturalization Service

OMB # 1115-0163
Application for Employment Authorization

Do Not Write In This Block

Remarks	Action Stamp	Fee Stamp
A#		
Applicant is filing under 274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) _____ (Date). until _____ (Date).		
Subject to the following conditions: _____		
<input type="checkbox"/> Application Denied.		
<input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).		
<input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c) (14), (18) and 8 CFR 214.2(f)		

I am applying for: ☒ Permission to accept employment
☐ Replacement (of lost employment authorization document).
☐ Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle)
KAMBUROWSKI Michael Raphael

2. Other Names Used (Include Maiden Name)
None

3. Address in the United States (Number and Street) (Apt. Number)
2001 N. Adams St. # 406
(Town or City) (State/Country) (ZIP Code)
Arlington, VA 22201

4. Country of Citizenship/Nationality
Australia

5. Place of Birth (Town or City) (State/Province) (Country)
Chelm Poland

6. Date of Birth (Month/Day/Year) 7. Sex
05/03/71 ☒ Male ☐ Female

8. Marital Status ☒ Married ☐ Single
☐ Widowed ☐ Divorced

9. Social Security Number (Include all Numbers you have ever used)
None

10. Alien Registration Number (A-Number) or I-94 Number (if any)
None 703249939 00

11. Have you ever before applied for employment authorization from INS?
☐ Yes (If yes, complete below) ☒ No
Which INS Office? _____ Date(s) N/A
Results (Granted or Denied - attach all documentation)
N/A

12. Date of Last Entry into the U.S. (Month/Day/Year)
01-23-95

13. Place of Last Entry into the U.S.
Los Angeles, CA

14. Manner of Last Entry (Visitor, Student, etc.)
Visitor

15. Current Immigration Status (Visitor, Student, etc.)
B-2 expired

16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the Instructions (For example, (a)(8), (c)(17)(ii), etc.).
Eligibility under 8 CFR 274a.12
(C) (9) ()

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature [Signature] Telephone Number 202-785-0266 Date 9-23-97

Signature of Person Preparing Form If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name Paul Shearman Allen Address PAUL SHEARMAN ALLEN & ASSOCIATES Signature [Signature] Date 9-23-97
1329 18th Street NW Washington, D.C. 20036

Initial receipt	Resubmitted	Relocated		Completed		
		Rec'd	Sent	Approved	Denied	Returned

COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF HEALTH, RICHMOND



CERTIFICATE OF MARRIAGE

I CERTIFY THAT I JOINED TOGETHER IN MARRIAGE:

MICHAEL RAPHAEL KAMBUROWSKI

, HUSBAND,

AND TERRI LYNN SWEAT

, WIFE,

ALEXANDRIA

, VIRGINIA,

ON FEBRUARY 8, 1997 IN

JANUARY 28, 1997

ALEXANDRIA

BY AUTHORITY OF A LICENSE ISSUED BY THE CLERK OF THE CIRCUIT COURT OF

, VIRGINIA, DATED

FEBRUARY 8, 1997

GIVEN UNDER MY HAND ON

Cullen B. Jones, Jr.

(Signature of Officiant)

CULLEN B. JONES, JR.

(Title of Officiant)

APPOINTEE

TO BE DELIVERED BY THE CELEBRANT TO THE PERSONS MARRIED.

VS 9B 300

000000129

CERTIFICATION OF VITAL RECORD

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF LIVE BIRTH DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

REGISTRATION AREA NUMBER 211	CERTIFICATE NUMBER 0706	RICHMOND		STATE BIRTH NUMBER 145- 72 024268
1. FULL NAME OF CHILD Terry Lynn Sweat		2. SEX OF CHILD <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
3. DATE OF BIRTH 8:03 AM May 23 1972		4. THIS BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> MZOT		5. IF TWIN OR TRIPLET, BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
6. NAME OF HOSPITAL OR INSTITUTION OF BIRTH Dixie Hospital		7. COUNTY OF BIRTH (If independent city, leave blank)		
8. CITY OR TOWN OF BIRTH Hampton		9. STREET ADDRESS OR ROUTE NO. OF PLACE OF BIRTH 3120 Victoria Boulevard		
10. STATE (OR FOREIGN COUNTRY) OF MOTHER'S RESIDENCE Virginia		11. COUNTY OF RESIDENCE (If independent city, leave blank)		
12. CITY OR TOWN OF RESIDENCE Hampton		12. STREET ADDRESS OR ROUTE NO. OF RESIDENCE 244 Freeman Drive		ZIP CODE 23366
13. FULL MAIDEN NAME OF MOTHER Mary Louise Stith		14. COLOR OR RACE Negro		
15. AGE OF MOTHER 26 YEARS	17. MOTHER'S PLACE OF BIRTH Virginia	18. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY 0, 1, 2 TO 8 8	HIGH SCHOOL 1, 2, 3 OR 4 4	
16. FULL NAME OF FATHER Dennis Sweat		19. COLOR OR RACE Negro		
20. AGE OF FATHER 27 YEARS	22. FATHER'S PLACE OF BIRTH Virginia	23. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED ELEMENTARY 0, 1, 2 TO 8 8	HIGH SCHOOL 1, 2, 3 OR 4 4	
21. I CERTIFY THE ABOVE TO BE CORRECT. <i>Mary F. Sweat</i> Signature of mother, father, or other informant		RELATIONSHIP TO CHILD: MOTHER		
24. I CERTIFY THAT THIS CHILD WAS BORN ALIVE ON THE DATE AND HOUR STATED ABOVE. <i>K.D. Sarrett, Jr.</i> Signature of informant		DATE RECORD SIGNED MAY 26 1972		
25. REGISTRAR'S SIGNATURE <i>Susie G. Huffman</i>		DEPUTY REGISTRAR Russell E. Booker, Jr.		

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.

DATE ISSUED

Russell E. Booker, Jr., State Registrar

AUG 29 1994

Any reproduction of this document is prohibited by statute. Do not accept unless on security paper with seal of Vital Statistics clearly embossed. Section 32.1-272, Code of Virginia, as amended.

000000130



U.S. Department of Justice

Immigration and Naturalization Service

Vermont Service Center
75 Lower Welden Street
St. Albans, VT 05479-0001

A76 595 582 (TF)

March 27, 1999

MICHAEL R KAMBUROWSKI
1613 HARVARD ST NW
WASHINGTON DC 20009

Dear Michael Kamburowski:

You filed a Form I-751, Petition to Remove the Conditions of Residence on December 16, 1998.

This Service has been unable to establish that you have been admitted or adjusted as a conditional permanent resident. This office has conducted a search of our electronic records in an attempt to verify your status. These records do not contain information regarding your admission or adjustment as a conditional permanent resident. Evidence submitted in support of your I-751 petition included a copy of a passport page and a Form I-688B, Employment Authorization Document. However, these documents do not establish that you are a conditional permanent resident. The passport page submitted is the biographical data page, the page required is the one that contains your admission or adjustment stamp. Additionally, the Form I-688B, only provide you with authorization to work in this country.

A review of the evidence submitted with your filing, including a review of your immigration record and our electronic records, does not establish that you have been admitted or adjusted as a conditional permanent resident. This Service is unable to adjudicate your I-751 petition without additional evidence.

Title 8, Code of Federal Regulations, part 204.1(f)(2) states that, "The Service reserves the right to require submission of original documents when deemed necessary."

Please submit evidence of your lawful admission into the United States. The type of evidence required is your ORIGINAL PASSPORT that contains your admission or adjustment stamp indicating your immigrant classification, and the date of your admission/adjustment. A PHOTOCOPY OF YOUR PASSPORT WILL NOT BE ACCEPTABLE.

You may also submit an I-551, Alien Registration Card; or, any other type of correspondence from this Service that can establish your admission or adjustment into the United States as a "conditional" or "lawful" permanent resident. Submit any documentation you may have in your possession that was given to you by an American Consulate or a Service district office.

Original documentation submitted for consideration will be returned to you after it has been reviewed.

000000131

Page 2

A76 595 582 (TF)

This Service will not make a final decision on your petition for sixty (60) days. If your response is not received by this office within sixty (60) days, the Service will terminate action on your I-751 petition.

Direct your response along with the copy of this letter (enclosed) to:

U.S. Immigration and Naturalization Service
Vermont Service Center
75 Lower Welden Street
St. Albans, VT 05479-0001

Sincerely,

Paul E. Novak Jr.
Paul E. Novak, Jr.
Center Director



U.S. Department of Justice

Immigration and Naturalization Service

Vermont Service Center
75 Lower Welden Street
St. Albans, VT 05479-0001

A FILE NUMBER: T76595582
EAC FILE NUMBER:

July 28, 1999

MICHAEL KAMBUROWSKI
1613 HARVARD ST NW 206
WASHINGTON DC 20009

Dear Micheal Kamburowski:

This refers to a Petition to Remove the Conditions on Residence (Form I-751) filed by you on December 14, 1998. Examination of the record indicates that you have never adjusted status in the United States a lawful permanent resident or a conditional permanent resident. Therefore this petition is not needed. For that reason, action on your petition is hereby terminated.

Thank you for your attention to this matter.

Sincerely,

Paul E. Novak, Jr.
Center Director

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

In the Matter of

Michael KAMBUROWSKI,

A76 595 582,

Respondent,

In Removal Proceedings.

X

DECLARATION OF
OF MAILING

X

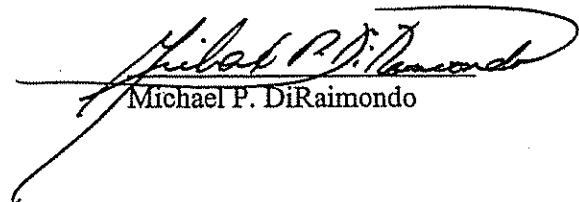
Michael P. DiRaimondo, being duly sworn, deposes and says:

1. I am an attorney, duly authorized to practice law in the State of New York.
2. On January 24, 2004, I served a true and correct copy of the Motion to Reopen, by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the Federal Express Corporation addressed to the following:

Office of the Chief Counsel
Department of Homeland Security
Bureau of Immigration and Customs Enforcement
4420 N. Fairfax Drive, Room 500
Arlington, Virginia 22203
(202) 307-1579

I certify that the foregoing is true and correct to the best of my knowledge, information and belief.

Dated: January 24, 2004
Melville, New York


Michael P. DiRaimondo

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

X ----- X

In the Matter of

Michael KAMBUROWSKI,

A76 595 582,

Respondent,

In Removal Proceedings.

X ----- X

ORDER

DiRAIMONDO & MASI, LLP
ATTORNEYS AT LAW

Attorney(s) for Respondent

401 Broadhollow Road, #302
MELVILLE, NEW YORK 11747
(631) 777-5557
FAX: (631) 777-5114

120 Broadway, 18th Floor
NEW YORK, NEW YORK 10271
(212) 587-0550
FAX: (212) 587-0545

To

Service of a copy of the within is hereby admitted.

Dated: _____

Attorney(s) for

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

_____ X
In the Matter of

Michael KAMBUROWSKI,

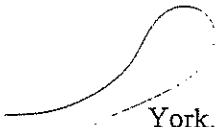
ORDER

A76 595 582,

Respondent,

In Removal Proceedings.
_____ X

Upon motion of the Respondent, it is hereby ordered that the Respondent's Motion to Reopen *In Absentia* Order be granted and that venue is changed to the Office of the Immigration Judge at the Queens Wackenhut Detention Facility in Jamaica, New York, where the Respondent is currently detained.

 WHEREFORE, the Motion to Reopen is granted and venue is changed to Jamaica, New York.

SO ORDERED

Immigration Judge

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

_____ X
In the Matter of

Michael KAMBUROWSKI,

ORDER

A76 595 582,

Respondent,

In Removal Proceedings.
_____ X

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SO ORDERED

Immigration Judge

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

X ----- X

In the Matter of

Michael KAMBUROWSKI,

A76 595 582,

Respondent,

In Removal Proceedings.

X ----- X

ORDER

DIRAIMONDO & MASI, LLP
ATTORNEYS AT LAW

Attorney(s) for Respondent

401 Broadhollow Road, #302
MELVILLE, NEW YORK 11747
(631) 777-5557
FAX: (631) 777-5114

120 Broadway, 18th Floor
NEW YORK, NEW YORK 10271
(212) 587-0550
FAX: (212) 587-0545

To

Service of a copy of the within is hereby admitted.

Dated: _____

Attorney(s) for

U.S. DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
901 NORTH STUART ST., STE. 1300
ARLINGTON, VA 22203

In the Matter of:
KAMBUROWSKI, MICHAEL RAPHAEL

RESPONDENT

Case No.: A76-595-582

Docket: ARLINGTON, VIRGINIA

IN REMOVAL PROCEEDINGS

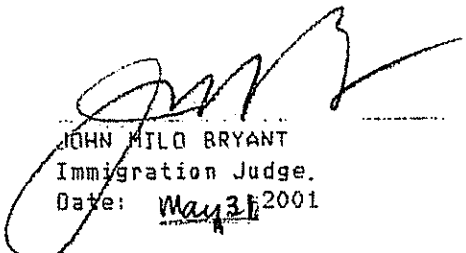
ORDER OF THE IMMIGRATION JUDGE

On May 31, 2001, at 10:30 A.M., pursuant to proper notice, the above entitled matter was scheduled for a hearing before an Immigration Judge for the purpose of hearing the merits relative to the respondent's request for relief from removal. However,

- (✓) the respondent was not present.
- () the respondent's representative was present; however, the respondent was not present.
- () neither the respondent nor the respondent's representative was present.

Therefore, in the absence of any showing of good cause for the respondent's failure to appear at the hearing concerning the request for relief, I find that the respondent has abandoned any and all claim(s) for relief from removal.

Wherefore, the issue of removability having been resolved, it is HEREBY ORDERED for the reasons set forth in the Immigration and Naturalization Service charging document that the respondent be removed from the United States to AUSTRALIA.


JOHN MILO BRYANT
Immigration Judge.
Date: May 31 2001

Appeal: waived/reserved (A/I/B)
Appeal Due By:

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)
TO: ☒ ALIEN ☐ ALIEN c/o Custodial Officer ☐ Alien's ATT/REP ☒ INS
DATE: 6/1/01 BY: COURT STAFF Collette
Attachments: ☐ EOIR-33 ☐ EOIR-28 ☐ Legal Services List ☐ Other

Form EOIR 36 - 7T (FTA)
CHI

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UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
ARLINGTON, VIRGINIA

KAMBUROWSKI, MICHAEL RAPHAEL
3202 NORTH PERSHING DRIVE
ARLINGTON VA 22201

IN THE MATTER OF
KAMBUROWSKI, MICHAEL RAPHAEL

FILE A 76-595-582

DATE: Jun 5, 2001

— UNABLE TO FORWARD -- NO ADDRESS PROVIDED

— ATTACHED IS A COPY OF THE DECISION OF THE IMMIGRATION JUDGE. THIS DECISION IS FINAL UNLESS AN APPEAL IS FILED WITH THE BOARD OF IMMIGRATION APPEALS WITHIN 30 CALENDAR DAYS OF THE DATE OF THE MAILING OF THIS WRITTEN DECISION. SEE THE ENCLOSED FORMS AND INSTRUCTIONS FOR PROPERLY PREPARING YOUR APPEAL. YOUR NOTICE OF APPEAL, ATTACHED DOCUMENTS, AND FEE OR FEE WAIVER REQUEST MUST BE MAILED TO:
BOARD OF IMMIGRATION APPEALS
OFFICE OF THE CLERK
P.O. BOX 8530
FALLS CHURCH, VA 22041

— ATTACHED IS A COPY OF THE DECISION OF THE IMMIGRATION JUDGE AS THE RESULT OF YOUR FAILURE TO APPEAR AT YOUR SCHEDULED DEPORTATION OR REMOVAL HEARING. THIS DECISION IS FINAL UNLESS A MOTION TO REOPEN IS FILED IN ACCORDANCE WITH SECTION 242B(c)(3) OF THE IMMIGRATION AND NATIONALITY ACT, 8 U.S.C. SECTION 1252B(c)(3) IN DEPORTATION PROCEEDINGS OR SECTION 240(c)(6), 8 U.S.C. SECTION 1229a(c)(6) IN REMOVAL PROCEEDINGS. IF YOU FILE A MOTION TO REOPEN, YOUR MOTION MUST BE FILED WITH THIS COURT:

IMMIGRATION COURT
901 NORTH STUART ST., STE.1300
ARLINGTON, VA 22203

— OTHER: _____

Chen
COURT CLERK
IMMIGRATION COURT

CC: ELOISE ROSAS, ESQ, DISTRICT COUNSEL
4420 N. FAIRFAX DRIVE, RM 500
ARLINGTON, VA, 22203

CH1

000000140

CORRESPONDENCE

NOTICE OF HEARING IN REMOVAL PROCEEDINGS
IMMIGRATION COURT
901 NORTH STUART ST., STE.1300
ARLINGTON, VA 22203

RE: KAMBUROWSKI, MICHAEL RAPHAEL
FILE: A76-595-582

DATE: Feb 26, 2001

TO: KAMBUROWSKI, MICHAEL RAPHAEL
3202 NORTH PERSHING DRIVE
ARLINGTON, VA 22201

Please take notice that the above captioned case has been scheduled for a MASTER hearing before the Immigration Court on May 31, 2001 at 10:30 A.M. at:

901 NORTH STUART ST., STE.1300
ARLINGTON, VA 22203

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions: (1) You may be taken into custody by the Immigration and Naturalization Service and held for further action. OR (2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Immigration and Naturalization Service established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT ARLINGTON, VA THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A list of free legal service providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 or 703-305-1662.

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: ☒ MAIL ☐ PERSONAL SERVICE ☐ INS

TO: ☒ ALIEN ☐ ALIEN c/o Consular Officer ☐ ALIEN'S ATT/REP ☒ INS
DATE: 2/26/01 BY: COURT STAFF ☒ Legal Services List ☐ Other
Attachments: ☒ EOIR-33 ☐ EOIR-28 ☐ Other

CH1

000000142

NOTICE OF HEARING IN REMOVAL PROCEEDINGS
IMMIGRATION COURT
901 NORTH STUART ST., STE.1300
ARLINGTON, VA 22203

RE: KAMBUROWSKI, MICHAEL RAPHAEL
FILE: A76-595-582

DATE: Jan 8, 2001

TO: KAMBUROWSKI, MICHAEL RAPHAEL
2001 NORTH ADAMS STREET #416
ARLINGTON, VA 22201

Please take notice that the above captioned case has been scheduled for a MASTER hearing before the Immigration Court on Feb 22, 2001 at 9:00 A.M. at:

901 NORTH STUART ST., STE.1300
ARLINGTON, VA 22203

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions: (1) You may be taken into custody by the Immigration and Naturalization Service and held for further action. OR (2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Immigration and Naturalization Service established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

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A list of free legal service providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 or 703-305-1662.

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL ☒ PERSONAL SERVICE ☐
TO: ☒ ALIEN ☐ ALIEN c/o Custodial Officer ☐ ALIEN's ATT/REP ☒ INS
DATE: 1-8-01 BY: COURT STAFF KAC
Attachments: ☒ EOIR-33 ☐ EOIR-20 ☐ Legal Services List ☐ Other

GAN

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Exhibits

<p>U.S. IMMIGRATION 160 LOS ANGELES 1995</p> <p>ADMITTED UNTIL</p> <p>8</p>	<p>NO. 373832</p> <p>THE UNITED STATES OF AMERICA NONIMMIGRANT VISA ISSUED AT MELBOURNE</p> <p>8-18-28 NOV 1994</p> <p>CLASS OF VISA: MULTIPLE</p> <p>APPLICATIONS FOR ENTRY UNTIL: 27 NOV 1995</p> <p>ISSUED TO: BEARER(S)</p> <p>CONULAN OFFICER: [Signature]</p> <p>1201</p> <p>9</p>
---	---

VISA

1-94

Departure Number
703249939 00

U.S. DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

I-94
Departure Record

BZ

JUL 22 1995

14. Family Name
KAMBURONSKI

15. First (Given) Name
MICHAEL

16. Birth Date (Day/Mo/Yr)
10/30/57

17. Country of Citizenship
AUSTRALIA

See Other Side

STAPLE HERE

000000147

In removal proceedings under section 240 of the Immigration and Nationality Act

File No: A76 595 582

In the Matter of:

Respondent: Michael Raphael KAMBUROWSKI
2001 North Adams Street, #416
Arlington, VA 22201
(Number, street, city, state and ZIP code)

currently residing at:
RECEIVED
OFFICE OF THE
DEPUTY DISTRICT DIRECTOR
IMMIGRATION AND NATURALIZATION SERVICE
JAN 11 11:15 AM '01
OFFICE OF THE
DEPUTY DISTRICT DIRECTOR
IMMIGRATION AND NATURALIZATION SERVICE

- ☐ 1. You are an arriving alien.
☐ 2. You are an alien present in the United States who has not been admitted or paroled.
☒ 3. You have been admitted to the United States, but are deportable for the reasons stated below.

The Service alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of Australia and a citizen of Australia;
3. You were admitted to the United States at Los Angeles, CA on or about January 23, 1995 as a nonimmigrant B-2 visitor for pleasure with authorization to remain in the United States for a temporary period not to exceed July 22, 1995;
4. You remained in the United States beyond July 22, 1995 without authorization from the Immigration and Naturalization Service;
5. You were employed for wages or other compensation on May 1995 at Americans for Tax Reform, without authorization of the Immigration and Naturalization Service.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

Section 237(a)(1)(B) of the Immigration and Nationality Act (Act), as amended, in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you have remained in the United States for a time longer than permitted, in violation of this Act or any other law of the United States.

Section 237(a)(1)(C)(i) of the Immigration and Nationality Act (Act), as amended, in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you failed to maintain or comply with the conditions of the nonimmigrant status under which you were admitted.

EX 1

- ☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.

Section 235(b)(1) order was vacated pursuant to: ☐ 8 CFR 208.30(f)(2) ☐ 8 CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at: 901 N. Stuart Street, #1300, Arlington, VA 22203

on TBA at TBA to show why you should not be removed from the United States based on the
(Date) (Time)
charge(s) set forth above.

Phyllis A. Howard
Phyllis Howard, Deputy District Director
(Signature and Title of Issuing Officer)

Date: December 5, 2000

Arlington, VA
(City and State)

See reverse for important information

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this Notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents which you desire to have considered in connection with your case. If any document is in a foreign language, you must bring the original and a certified English translation of the document. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or deportable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear, of any relief from removal for which you may appear eligible including the privilege of departing voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the INS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the INS.

Request for Prompt Hearing

To expedite a determination in my case, I request an immediate hearing. I waive my right to have a 10-day period prior to appearing before an immigration judge.

Before:

(Signature of Respondent)

(Signature and Title of INS Officer)

Date: _____

Certificate of Service

This Notice to Appear was served on the respondent by me on 1/3/01, in the following manner and in compliance with section 239(a)(1)(F) of the Act:
(Date)

- ☐ in person ☐ by certified mail, return receipt requested ☒ by regular mail
- ☐ Attached is a credible fear worksheet.
- ☒ Attached is a list of organizations and attorneys which provide free legal services.
- ☐ The alien was provided oral notice in the _____ language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

(Signature of Respondent if Personally Served)

J. Mizell, District Adjudications Officer
(Signature and Title of Officer)